

August 05, 2021
7:00 pm City Council Meeting
Audio/Video Teleconference
Oakridge OR, 97463



REGULAR / WORKING SESSION

1. CALL MEETING TO ORDER
2. Pledge of Allegiance
3. Roll Call
4. Additions, Corrections or Adjustments to the Agenda
5. Public Comment– 30 Minutes

Individual speakers must be recognized by the presiding officer, provide their name and address, and will be allowed up to 3 minutes or less with Council approval. The Council will not engage in any discussion or make any decisions based public comment at this time. The Council may take comments under advisement for discussion and action at a future Council meeting. The Mayor may direct the City Administrator to follow up on comments received.

6. Consent Agenda
 - 6.1 City Attorney Billing Statement – May 2021
7. Business from the City Administrator
 - 7.1 OLCC Permit
 - 7.2 Lowell Law Enforcement Intergovernmental Agreement
8. *****Begin Work Session*****
 - 8.1 Review of FY21 Revenues vs. Expenditures
 - 8.2 Finance Director Comments
 - 8.3 Supplemental Budget Discussion
9. *****End Work Session*****
10. Public Comment
11. Adjourn

This will be a remote participation meeting. Citizens have four ways of attending and commenting:

1. Use your computer, tablet or smartphone and go to: <https://us02web.zoom.us/j/3664311610>, meeting ID: 3664311610.
2. Use your telephone and dial: +1 669 900 9128. Meeting ID: 366 431 1610.
3. Send comments by email to: cityadministrator@ci.oakridge.or.us by 2pm the day of the meeting.

Detailed instructions are available at City Hall, on the city website, and the city Facebook page.


MEMORANDUM

OFFICE OF ATTORNEY FOR CITY OF OAKRIDGE

THESE SPECIFIC BILLINGS REVEAL LEGAL WORK TASKS UNDERTAKEN BY THIS OFFICE AT THE REQUEST OF OAKRIDGE, ITS OFFICERS AND EMPLOYEES. AS SUCH, THEY ARE EXEMPT FROM PUBLIC DISCLOSURE PURSUANT TO ORS 40.225, ORS 192.355(9), ORS AND ORS 192.355(1). IF A CITY COUNCILOR WISHES TO SEE SPECIFIC BILLINGS, THEY ARE AVAILABLE THROUGH THE ADMINISTRATOR'S OFFICE. HOWEVER, THE BILLINGS SHOULD NOT BE DISCLOSED TO THIRD PARTIES WITHOUT THE APPROVAL OF THE COUNCIL.

DATE: June 18, 2021

TO: City of Oakridge
City Administrator's Office

FROM: Matthew L. Dahlstrom 
Joseph J. Leahy
Office of Attorney for City of Oakridge

RE: Time Slips for the Law Firm of Leahy Cox, LLP
Pursuant to Independent Contractor Agreement

In conformance with the requirements of the Independent Contractor Agreement, please find enclosed copies of the time slips maintained by this office indicating the time expended on City of Oakridge legal business during the month of **May, 2021**.

Our total number of hours for this month was 2.4.

These time slips indicate the total number of hours expended for each department and the total amount of hours expended by the firm as follows:

DEPARTMENT	TOTAL HOURS	NO-CHARGE HOURS	AMOUNT
City Administrator	1.4		\$245.00
City Council			
Ordinances/Resolutions			
Building/Code Enforcement			
Contracts			
Finance			
HR/Risk Management	1.0		\$175.00
HR Costs			
Planning/Zoning			
Municipal Court			

Time Slips for the Law Firm of Leahy Cox, LLP
Pursuant to Independent Contractor Agreement
June 18, 2021
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Police			
Fire			
Library			
Public Works			
Pubic Records			
IT			
Travel Hours			
Costs Advanced ***Clear Investigations			\$2,012.50
TOTAL:	2.4	0.0	\$2,432.50

As a matter of information to you, both our experience indicates that approximately 10% to 15% of work rendered is not logged and is not included in the above. Because of the enhanced accessibility to attorneys provided by the Independent Contractor Agreement, occasionally informal contacts and conversations may be not recorded.

Thank you for your attention to this matter.

MLD:deb

Enclosure

N:\OneDrive for Business\C\City of Oakridge - Legal Services\Finance\Monthly Billings\2021\5 MAY 2021.wpd

Business of the City Council

City of Oakridge, Oregon

August 05, 2021

**Agenda Title: OLCC Liquor License
Application for Rascals**

Agenda Item No: 7.1

Exhibit: (1) OLCC Application

**Proposed Council Action: A motion from
the floor to approve.**

**Agenda Bill Author: Bryan Cutchen
City Administrator: Bryan Cutchen**

ISSUE: C & M McHenery, LLC is seeking an OLCC Liquor License in the operation of Rascals Market for carryout beverages.

FISCAL IMPACT: Liquor tax revenue dependent on sales.

**OPTIONS: (1) Recommend the license be granted.
(2) Recommend the license be denied.**

RECOMMENDATION: Staff recommends option (1).

RECOMMENDED MOTION: I move we recommend the OLCC liquor license for Rascals Market be approved / denied.



OREGON LIQUOR CONTROL COMMISSION BUSINESS INFORMATION

Please Print or Type

Applicant Name: C & M Mc Henery Llc. Phone: TBD

Trade Name (dba): Rascal's Market

Business Location Address: 47393 Highway 58

City: Oakridge ZIP Code: 97463

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday	4AM	to	11PM
Monday	4AM	to	11PM
Tuesday	4AM	to	11PM
Wednesday	4AM	to	11PM
Thursday	4AM	to	11PM
Friday	4AM	to	11PM
Saturday	4AM	to	11PM

Outdoor Area Hours:

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

The outdoor area is used for:

- Food service Hours: _____ to _____
- Alcohol service Hours: _____ to _____
- Enclosed, how _____

The exterior area is adequately viewed and/or supervised by Service Permittees.
 _____ (Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: EARLY CLOSE MAYBE TO SNOW, EARLIER CLOSING HOURS IN WINTER POSSIBLE

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: _____ |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

SEATING COUNT

Restaurant: _____ Outdoor: _____
 Lounge: _____ Other (explain): _____
 Banquet: _____ Total Seating: _____

OLCC USE ONLY	
Investigator Verified Seating: _____(Y) _____(N)	
Investigator Initials: _____	
Date: _____	

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 7/15/2021



LIQUOR LICENSE APPLICATION

1. Application. **Do not include** any OLCC fees with your application packet (the license fee will be collected at a later time). Application is being made for:

License Applied For:	CITY AND COUNTY USE ONLY
<input type="checkbox"/> Brewery 1 st Location Brewery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Date application received and/or date stamp:
<input type="checkbox"/> Brewery-Public House (BPH) 1 st location BPH Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	Name of City or County:
<input type="checkbox"/> Distillery	Recommends this license be:
<input type="checkbox"/> Full On-Premises, Commercial	<input type="checkbox"/> Granted <input type="checkbox"/> Denied
<input type="checkbox"/> Full On-Premises, Caterer	By: _____
<input type="checkbox"/> Full On-Premises, Passenger Carrier	Date: _____
<input type="checkbox"/> Full On-Premises, Other Public Location	
<input type="checkbox"/> Full On-Premises, For Profit Private Club	
<input type="checkbox"/> Full On-Premises, Nonprofit Private Club	
<input type="checkbox"/> Grower Sales Privilege (GSP) 1 st location GSP Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/>	OLCC USE ONLY
<input type="checkbox"/> Limited On-Premises	Date application received: <u>7/15/21</u>
<input checked="" type="checkbox"/> Off-Premises	Date application accepted: <u>7/16/21</u>
<input type="checkbox"/> Warehouse	
<input type="checkbox"/> Wholesale Malt Beverage & Wine	
<input type="checkbox"/> Winery 1 st Location Winery Additional location (2 nd) <input type="checkbox"/> (3 rd) <input type="checkbox"/> (4 th) <input type="checkbox"/> (5 th) <input type="checkbox"/>	License Action(s): <u>N/O</u>

2. Identify the applicant(s) applying for the license(s). **ENTITY (example: corporation or LLC) or INDIVIDUAL(S)**¹ applying for the license(s):
C & M Mc Henry Llc.

App #1: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #2: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #3: NAME OF ENTITY OR INDIVIDUAL APPLICANT

App #4: NAME OF ENTITY OR INDIVIDUAL APPLICANT

3. Trade Name of the Business (Name Customers Will See)
Rascal's Market

4. Business Address (Number and Street Address of the Location that will have the liquor license)
47393 highway 58

City	County	Zip Code
Oakridge	Lane	97463

¹ Read the instructions on page 1 **carefully**. If an **entity** is applying for the license, list the name of the **entity** as an applicant. If an **individual** is applying as a sole proprietor (no entity), list the **individual** as an applicant.



LIQUOR LICENSE APPLICATION

5. Trade Name of the Business (Name Customers Will See) Rascal's Market			
6. Does the business address currently have an OLCC liquor license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
7. Does the business address currently have an OLCC marijuana license? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
8. Mailing Address/PO Box, Number, Street, Rural Route (where the OLCC will send your license certificate, renewal application and other mailings as described in <u>OAR 845-004-0065(1)</u> .) 47393 highway 58			
City Oakridge		State Or	Zip Code 97463
9. Phone Number of the Business Location TBD		10. Email Contact for this Application and for the Business rascalsmarket@gmail.com	
11. Contact Person for this Application Christopher Mc Henery		Phone Number 2097414285	
Contact Person's Mailing Address (if different)	City	State	Zip Code

Please note that liquor license applications are public records. A copy of the application will be posted on the OLCC website for a period of several weeks.

ATTESTATION: **READ CAREFULLY AND MAKE SURE YOU UNDERSTAND BEFORE SIGNING THIS FORM**

I understand that marijuana is **prohibited** on the licensed premises. This includes marijuana use, consumption, ingestion, inhalation, samples, give-away, sale, etc. I attest that all answers on all forms and documents, and all information provided to the OLCC as a part of this application are true and complete.

I affirm that I have read OAR 845-005-0311 and all individuals (sole proprietors) or entities with an ownership interest (other than waivable ownership interest per OAR 845-005-0311(6)) are listed as license applicants in #2 above. I understand that failure to list an individual or entity who has an unwaivable ownership interest in the business may result in denial of my license or the OLCC taking action against my license in the event that an undisclosed ownership interest is discovered after license issuance.

Applicant(s) Signature

- Each individual (sole proprietor) listed as an applicant must sign the application below.
- If an applicant is an entity, such as a corporation or LLC, at least one **INDIVIDUAL who is authorized to sign for the entity** must sign the application.
- An individual with the authority to sign on behalf of the applicant (such as the applicant's attorney or an individual with power of attorney) may sign the application. If an individual other than an applicant signs the application, please provide written proof of signature authority. Attorneys signing on behalf of applicants may list the state of bar licensure and bar number in lieu of written proof of authority from an applicant. **Applicants are still responsible for all information on this form.**

christopher mchenery		07102021	
App. #1: (PRINT NAME)	App #1: (SIGNATURE)	App #1: Signature Date	Atty. Bar Information (if applicable)
App. #2: (PRINT NAME)	App #2: (SIGNATURE)	App #2: Signature Date	Atty. Bar Information (if applicable)
App. #3: (PRINT NAME)	App #3: (SIGNATURE)	App #3: Signature Date	Atty. Bar Information (if applicable)
App. #4: (PRINT NAME)	App #4: (SIGNATURE)	App #4: Signature Date	Atty. Bar Information (if applicable)



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY FORM

1. Name (Print):	mchenery Last	christopher First	m Middle	
2. Other names used (maiden, other):				
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, you must list your SSN [REDACTED]				
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below. Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a).				
4. Do you consent to the OLCC's use of my SSN as described above? Check this box: <input checked="" type="checkbox"/>				
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	1975 (yyyy)	
6. Driver License or State ID #:	[REDACTED]	7. State oregon		
8. Contact Phone	[REDACTED]			
9. E-mail Address:	rascalsmarket@gmail.com			
10. Mailing Address:	47393 highway 58 (Number and Street)	Oakridge (City)	or (State)	97463 (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.				



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, **currently hold** or **have you previously held** a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	mchenery Last	christopher First	m Middle
Signature:			Date: 7/15/2021

This box for OLCC use ONLY

_____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?



OREGON LIQUOR CONTROL COMMISSION INDIVIDUAL HISTORY FORM

1. Name (Print):	mchenery Last	misty First	k Middle	
2. Other names used (maiden, other):	misty wright			
3. Do you have a Social Security Number (SSN) issued by the United States Social Security Administration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, you must list your SSN: [REDACTED]			
SOCIAL SECURITY NUMBER DISCLOSURE: As part of your application for an initial or renewal license, Federal and State laws require you to provide your Social Security Number (SSN) to the Oregon Liquor Control Commission (OLCC) for child support enforcement purposes (42 USC § 666(a)(13) & ORS 25.785). If you are an applicant or licensee and fail to provide your SSN, the OLCC may refuse to process your application. Your SSN will be used only for child support enforcement purposes unless you indicate below. Based on our authority under ORS 471.311 and OAR 845-005-0312(6), we are requesting your <u>voluntary consent</u> to use your SSN for the following administrative purposes only: to match your license application to your Alcohol Server Education records (where applicable), and to ensure your identity for criminal records checks. OLCC will not deny you any rights, benefits or privileges otherwise provided by law if you do not consent to use of your SSN for these administrative purposes (5 USC § 552(a).				
4. Do you consent to the OLCC's use of my SSN as described above? Check this box:	<input checked="" type="checkbox"/>			
5. Date of Birth (DOB):	[REDACTED] (mm)	[REDACTED] (dd)	1982 (yyyy)	
6. Driver License or State ID # [REDACTED]	7. State ^{ca}			
8. Contact Phone:	[REDACTED]			
9. E-mail Address:	rascalsmarket@gmail.com			
10. Mailing Address:	47393 Highway 58 (Number and Street)	oakridge (City)	or (State)	97463 (Zip Code)
11. In the past 10 years, have you been convicted of a felony or a misdemeanor in a U.S. state outside of Oregon? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, explain in the space provided, below) Unsure <input type="checkbox"/> Choose this option and provide an explanation if, for example: you were arrested or went to court, but are unsure of whether there was a conviction; you paid a fine or served probation or parole, but are unsure of whether there was a conviction; or if you know you had a conviction, but you are unsure of whether the conviction has been removed from your record, etc.				



OREGON LIQUOR CONTROL COMMISSION
INDIVIDUAL HISTORY FORM

12. Do you, or any entity that you are a part of, **currently hold** or **have you previously held** a recreational marijuana license in Oregon? (Note: marijuana worker permits are not marijuana licenses.)

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

13. Do you, or any entity that you are a part of, hold an alcohol license in a U.S. state outside of Oregon?

No Yes Please list licenses (and year(s) licensed) below Unsure Please include an explanation:

14. Do you or any entity that you are a part of, have any other liquor license applications pending with the OLCC?

No Yes Please list applications below Unsure Please include an explanation:

You must sign your own form (electronic signature acceptable). Another individual, such as your attorney or an individual with power of attorney, **may not** sign your form.

Affirmation

Even if I receive assistance in completing this form, I affirm by my signature below, that my answers on this form are true and complete. I understand the OLCC will use the above information to check my records, including but not limited to my criminal history. I understand that if my answers are not true and complete, the OLCC may deny my license application.

Name (Print):	mchenery Last	misty First	k Middle
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Signature: <i>Misty Mchenery</i>	Date: 7/15/21
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This box for OLCC use ONLY

_____ Does the individual currently hold, or has the individual previously held, an OLCC- issued liquor license?

Business of the City Council

City of Oakridge, Oregon

August 05, 2021

**Agenda Title: Approval of Police
Protection Intergovernmental Agreement**

Agenda Item No: 7.2

Exhibit: (1) IGA

**Proposed Council Action: A motion from
the floor to approve.**

**Agenda Bill Author: Bryan Cutchen
City Administrator: Bryan Cutchen**

ISSUE: The City of Oakridge currently provides police protection services to the City of Lowell. The agreement is reviewed annually to consider updates. This is the proposed agreement for FY22 which includes an increase in the fee of \$1,448.35, making the new total \$30,415.25. Additionally, the City of Lowell will pay for the records management license to manage Lowell police records.

FISCAL IMPACT: \$30,415.25 in revenue.

OPTIONS: (1) Approve the IGA.
(2) Modify or reject the IGA.

RECOMMENDATION: Staff recommends option (1).

RECOMMENDED MOTION: I move we approve the intergovernmental agreement to provide police protection services to the City of Lowell at a rate of \$30,415.25 for fiscal year 2022.

AGREEMENT FOR LAW ENFORCEMENT SERVICES

CITY OF LOWELL/CITY OF OAKRIDGE

THIS AGREEMENT is made and entered by and between the CITY OF LOWELL hereinafter called Lowell, a municipal corporation of the State of Oregon, and the CITY OF OAKRIDGE, hereinafter called Oakridge, a municipal corporation of the State of Oregon.

WITNESSETH

WHEREAS, Lowell is desirous of contracting with Oakridge for the performance of the hereinafter described law enforcement functions within the boundaries of Lowell by Oakridge thereof, and;

WHEREAS, Oakridge has agreed to tender such services on the terms and conditions hereinafter set forth; and

WHEREAS, such contracts are authorized and provided for by the provisions of ORS 190.010.

NOW, THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES AND COVENANTS HEREIN CONTAINED, IT IS MUTUALLY AGREED AS FOLLOWS:

1. **TERM:** The term of this agreement shall be 12 months, commencing July 1, 2021 and terminating June 30, 2022.
2. **COMPENSATION:** Lowell shall pay to Oakridge for such law enforcement services as provided herein as follows:
 - a. Costs for this period. Payments shall be made in equal installments.

<u>FISCAL YEAR</u>	<u>AMOUNT</u>	<u>HOURS</u>	<u>HOURLY RATE</u>
July 1, 2021-June 30, 2022	\$30,415.25	480	\$63.34

b. City of Lowell will pay for 1(one) Motorola/Ally software license for the Oakridge Police Department report management system that will be a City of Lowell specific database for police records. The cost of the FY21/22 license is \$1575.00. This license fee will be paid to the City of Oakridge with the first billing to be used for the Motorola/Ally license.

c. In the event an incident within Lowell requires extraordinary police services above and beyond the typical investigation and causes the hours to be performed on behalf of Lowell to exceed the 40-hour month average, Lowell shall pay for such services at the established hourly rate listed above. Prior to any payments being made under this subparagraph, the City Administrators shall review the time involved in the investigation and jointly agree on the additional amount of compensation, which should be due.

3. **POLICE RESPONSIBILITIES:** Oakridge agrees to provide police protection within the corporate limits of Lowell to the extent and in the manner herein set forth. The police services shall encompass duties and functions of the type coming within the jurisdiction of and customarily rendered by a city police department. Such services shall include enforcement and investigations involved in the field of public safety, criminal law enforcement, or related fields within the legal power of the Chief of Police to so provide and shall be provided in conformance with the standards generally accepted within the policing profession. The Oakridge Police shall:
- a. Provide enforcement of State Statutes and Lowell Ordinances regarding criminal offenses and Oregon Vehicle Code Violations.
 - b. Provide enforcement of all other Lowell ordinances which by their nature are generally enforceable by police action on a call basis, responding to Lowell staff or resident complaints of ordinance violations, but generally no ordinance enforcement by random patrol.
 - c. Provide a random 10-hour weekly patrol of Lowell in marked police vehicles. An average of 40 patrol hours shall be conducted within Lowell city limits each calendar month. Administrative hours will be included in the 40 total hours to include investigative reports and other administrative duties as needed.
 - d. Provide a written report to Lowell on or before the 8th day of each month setting forth the actual number of calls for service and number of citations and arrests for the previous month. The Chief of Police or his designee shall attend any and all meetings concerning policing issues as requested by Lowell. Example of report is included as Attachment 1.
 - e. Make available for the performance of the duties herein properly supervised officers, certified by the Oregon Department of Public Safety Standards and Training (except as to reserve officer/cadets), and furnish and supply all other necessary labor, supervision, equipment, communications facilities, and supplies to maintain the level of services to be rendered hereunder.
4. **PERSONNEL:** The rendition of such service, standards of performance, the discipline of officers, and other matters incident to the performance of such services and control of personnel so employed shall remain solely with the City of Oakridge.
- a. With the exception of police department reserves, all personnel employed in the performance of such services pursuant to this agreement shall be Oakridge employees and all persons employed hereunder shall have City pensions, salary, workers compensation and any status or rights under the provisions of City employment paid for by Oakridge.

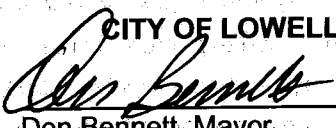
- b. Lowell shall not be called upon to assume any liability for the direct payment of any salaries, wages, or other compensation to any Oakridge personnel performing services hereunder for Lowell or any liability other than that provided for in this agreement. Except as otherwise herein specified, Lowell shall not be liable for compensation or indemnity to any Oakridge employee for any injury, or sickness arising out of his or her employment.
5. **COURT:** It is mutually agreed that all arrests for felony crimes or other misdemeanors, except those cited under Lowell Ordinance 273 which may be cited into the Lowell Municipal Court, will be presented to the District Attorney for Lane County, State of Oregon, for trial in the appropriate court of jurisdiction, and the court of jurisdiction will be entitled to all portions of fines, forfeitures, etc. normally retained by them. All violations of Oregon Vehicle Code and ordinance violations committed within the incorporated limits of Lowell will be cited to appear in the Lowell Municipal Court, Lane County, Oregon, or such other court as has jurisdiction over the offense cited. Oakridge will provide a bailiff for the Lowell Municipal Court who shall be present whenever the Court is in session. An Officer schedule to testify at Court may serve as Bailiff. Bailiff time will be accounted for separately from patrol time and will be paid for at the established rate from Court revenues. A minimum of one hour will be charged for each Court session. Required Court appearances by Officers, above and beyond Bailiff duty will also be accounted for separately and paid from Court receipts. All net revenue generated and retained by the Lowell Municipal Court will be divided equally with the City of Oakridge, to assist in covering additional costs of services. Lowell will deposit all Court revenue into a Trust and Agency Account. Court Revenue will be accounted for as follows on a quarterly basis:
- a) From Gross Receipts, all Statutory Assessments, including the Court Administration Surcharge will be deducted and paid from the Trust and Agency Account.
 - b) From Gross Receipts, direct Court costs for the Judge and any other required personnel services, including but not limited to City Attorney and Interpreter, if required, plus 10% Court Administrative Costs in addition to previous year Court Administration Surcharge and will be deducted for payment to the City of Lowell.
 - c) From Gross Receipts, Bailiff costs and additional costs for Officers to appear in Court, will be deducted for payment to the City of Oakridge.
 - d) The remaining net revenue will be divided equally between Lowell and Oakridge.
 - e) Within 30 days of the end of each fiscal year quarter, a check will be written from the Trust and Agency Account to the City of Lowell for costs identified in b above plus Lowell's share of net receipts.
 - f) Within 30 days of the end of each fiscal year quarter, a check will be written from the Trust and Agency Account to the City of Oakridge for costs identified in c above plus Oakridge's share of net receipts.

6. **DISPUTE RESOLUTION:** Specifically, the Administrators shall attempt to resolve any disputes between the cities concerning the terms of this agreement and the performance thereof and may recommend that the cities enter into mediation or arbitration if the Administrators are unable to resolve a dispute matter. The type and quality of service shall be reviewed annually by the respective councils.
7. **TERMINATION:** This agreement may be terminated by either city at any time upon giving two (2) months written notice of their intent to do so. Further, if the City of Lowell receives a UHP COPS Grant the contract will be adjusted as needed.
8. **HOLD HARMLESS:** The parties hereby covenant and agree to hold and save each other, their officers, agents and other employees, harmless from all claims whatsoever, including attorney's fees and costs, by reason of any act or omission of each city, its officers, agents, or employees. Oakridge will provide Lowell a certificate of insurance indicating the City of Oakridge carries an insurance policy providing liability insurance for its Police Department and any contractual arrangements with other agencies.
9. **MISCELLANEOUS:**
 - a. Any amendments or modification hereto shall be made in writing as approved by respective councils.

IN WITNESS WHEREOF, this instrument has been executed in duplicate pursuant to resolutions heretofore duly and legally adopted by each of the parties hereto.

CITY OF OAKRIDGE

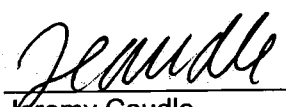
 Kathy Holston, Mayor Date

CITY OF LOWELL

 Don Bennett, Mayor 6/16/21

 Date

ATTEST:

 Kevin Martin Date
 Chief of Police


 Jeremy Caudle 6/17/21
 City Administrator Date